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PTO/SB/21 (09-04)

Approved for use through 7/31/2006

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/837,752
		Filing Date	April 17, 2001
		First Named Inventor	James D. Bennett
		Art Unit	2654
		Examiner Name	David D. Knepper
Total Number of Pages in This Submission	8	Attorney Docket Number	P93-00-AC

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached - \$790.00 for Request for Continued Examination and \$1020.00 for Request for 3 Month Extension of Time <input checked="" type="checkbox"/> Request for Continued Examination (RCE) Transmittal <input checked="" type="checkbox"/> Request For Continued Examination Under 37 C.F.R. §1.114 <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.
Signature	<i>Ronald Spuhler</i>
Printed Name	Ronald H. Spuhler, Reg. No. 52,245
Date	December 24, 2004

CERTIFICATE OF MAILING

I hereby certify that this is being deposited with the U.S. Post Office in an Express Mail envelope, tracking no. EF175835528US addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 12/24/2004.

Name (Print/type)	Ronald H. Spuhler	Registration No. (Attorney/Agent)	52,245
Signature	<i>Ronald Spuhler</i>	Date	12/24/2004

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Effective on 12/08/2004
Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4816)

FEE TRANSMITTAL for FY 2005

Complete if Known

Application Number	09/837,752
Filing Date	April 17, 2001
First Named Inventor	James D. Bennett
Examiner Name	David D. Knepper
Art Unit	2654
Attorney Docket No.	P93-00-AC

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
1810

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☐ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or underpayments of fees(s) ☐ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Fee(\$)	Small Entity Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)
-20 or HP	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)			
-3 or HP	x	=				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

	Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: Request For Reconsideration	790.00
Request For 3 Month Extension of Time	1020.00

SUBMITTED BY

Signature	Ronald Spuhler	Registration No. (Attorney/Agent)	52,245	Telephone	(312)775-8090
Name (print/type)	Ronald H. Spuhler	Date	12/24/2004		